County of Los Angeles Department of Public Health
Pre-Submitted Proposer Questions/Comments and DPH Responses to
RFP 2006-01: Children's Outreach, Enrollment, Utilization and Retention Services
Released November 8, 2006

PROPOSERS' CONFERENCE

Question(s) from Proposers:
The start time indicated on the Proposal is 9:00. Do you know how long the conference will be?

DPH Response:
The Proposers' Conference is scheduled to begin at 9 am and conclude by 11am.

PROPOSAL DUE DATE

Question(s) from Proposers:
On page 23 of the RFP, the due date is listed as Wednesday, December 11. However, December 11 is a Monday. Is the correct due date Monday December 11 or Wednesday December 13?

DPH Response:
This was an error in the document.... the correct submission date is Monday, December 11, 2006. The RFP has been revised and correction posted on our website.

REQUIRED FORMS AND ATTACHMENTS

Question(s) from Proposers:
1) The website includes only the SOW and budget forms in fillable format - the others are nonfillable pdf. Will all required forms and attachments be available on the website as Word documents?

2) When will forms be available online as Word documents (such as Attachment 1) (mentioned on p. 43 Checklist)?

DPH Response:
DPH will post these documents as Word documents by 12/1/06.

FUNDING LIMITATIONS

Question(s) from Proposers:
If a collaborative of, say 5 agencies, put together a proposal and applied under Category 1, would the collaborative as a whole then be eligible for $1 million (5 x 200K)? Or would they only be eligible for $200,000?

DPH Response:
The maximum funding amount for the collaborative under Category #1 is $200,000 for the first year and $400,000/year for the following two years. The collaborative must be composed of a lead agency with subcontractors. DPH would award the funds to the lead agency, which would be responsible for funding and monitoring the subcontractors.

CATEGORY & SPA-SPECIFIC SERVICES

Question(s) from Proposers:
May an organization submit separate applications for different SPAs?

DPH Response:
Proposers can submit one proposal for multiple SPAs. Separate proposals are not required for each SPA.

Question(s) from Proposers:
May an organization submit separate applications under different categories within the same SPA?

DPH Response:
Agencies proposing to apply for different categories are required to submit separate proposals, budgets and SOW's per category. Categories #2 and #3 are not SPA-specific.

Question(s) from Proposers:
In SPA 5, how will the $50,000 allocation for Category 1 be awarded? To one agency or multiple agencies?

DPH Response:
The $50,000 allocation will be awarded to one or more agencies depending on the number of highly-scored proposals received, the amount of funding being requested by highly-scored Proposers, and DPH's assessment of what is needed to ensure that the SPA is sufficiently covered. There is no preconceived idea of how many agencies would be funded in any SPA.

SPECIAL POPULATIONS

Question(s) from Proposers:
Can you clarify special populations? Can you provide other examples of niche populations that would be acceptable?

DPH Response:
Special Populations is defined as a target population that is unique and/or different than a population that would be reached as a result of generalized outreach and enrollment strategies. Page 2 (Special Populations) of the RFP provides examples such as frequent users of emergency rooms or clinics, homeless children and their families, special ethnic communities, and uninsured low-wage workers in small businesses.

Question(s) from Proposers:
Are CHDP-eligible children considered a "special population?" Traditionally, they have been a difficult to enroll population.

DPH Response:
CHDP–eligible children would not be considered a special population unless the agency can justify why they would be considered unique and/or different from the general population, and the agency can describe innovative outreach strategies to enroll and retain this population. In DPH's experience, many CHDP-eligible children are enrolled via our current contracts, which are substantially similar to Category 1 in this RFP.

Question(s) from Proposers:
I am hoping to get some feedback as to whether a project that we have been developing would be a good fit for your Initiative. (Details of proposed project have been excluded from Q&A)

DPH Response:
It is the agency's responsibility to outline the special populations, provide background and justification for proposing to work with these groups, and to outline their own specialized strategies for reaching the target populations. . DPH cannot provide specific feedback to individual Proposers as this may give some Proposers an advantage over others.

SUBCONTRACTORS

Question(s) from Proposers:
May an agency pair with another agency to provide the follow-up for their enrollments?

DPH Response:
An agency may subcontract with another agency for any part of the OEUR services – but all OEUR elements must be met by the collaborative (the primary agency and subcontracting agency). The primary agency will be then responsible for monitoring/auditing the subcontracting agency.   Agencies

proposing to work with Subcontractors must identify the distribution of services in the SOWs with subcontracting agencies.   Each SOW must identity proposed targets per Lead Agency and subcontractor.

FUNDING ALLOCATIONS & FORMULAS

Question(s) from Proposers:

1) What formula and numbers were used in the Category 1 SPA allocation calculations? We would like to see the math behind the SPA allocations.

2) On (pg. 5) of the RFP, the County determined the funding needs based on SPA Areas. What is the formula the County used to determine the total funding in each SPA Area? This may help agencies determine and calculate the population they can serve with the amount of grant they requesting.

3) What statistical sources were used for the funding allocation used on page 5? If based on existing enrollments, into what program(s)? Did DPH take into account enrollments that take place outside the funded SPAs, i.e. that per-SPA funding does not always result in per-SPA enrollments?

4) How important a role did the LA Health Action OERU Report play in the formation of the RFP and the funding decisions?

DPH Response:

The formula took into account need and current resources. The source for determining need was 2005 Los Angeles County Health Survey data on uninsured children by SPA, which is the most current data that is available at the SPA-level.

The percentage of uninsured children in the SPA was applied to the total amount of funding available for OERU activities – State COEUR and First 5 LA dollars, to ensure that all funding is aligned with the most current estimate of need.

Current resources by SPA (First 5 LA dollars) were then subtracted so that State funding could be applied toward unmet need. Enrollments were not taken into account, only dollars.

In SPA's 1 and 5, the amount of funding that would have been awarded via the formula was too small to be able to successfully operate a program. Therefore, DPH established funding floors for these SPA's.

The LA Health Action OERU report was helpful in informing the development of the formula and the RFP, and was consistent with the approach we were taking. We will continue to use this report to ensure that areas of high need within SPA's are being covered.

BUDGETS

Question(s) from Proposers:

Why is the indirect cost allocation different from that of the First Five contracts and will there be an adjustment to make them equal (i.e., 15% of total vs. First Five's 10% of salaries overall).

DPH Response:

The indirect cost allocation is based on the State's guidelines. DPH passed along the same percentage allowed by the State, just as we passed along First 5 LA's allowable indirect cost rate for those contracts. There will not be an adjustment to make the rates equal. Please keep in mind that agencies should use their own indirect cost rates, as long as they do not exceed the rate specified in the RFP (15% of the agency's award). The amount specified in the RFP is a ceiling, not a recommended amount.

Question(s) from Proposers:

It is appreciated that the budget and justification are only 10 points of the total. What role does the numerical goals play in relation to the budget, i.e., is there a "cost per enrollment" that is calculated? If so, why not a "cost per retention and per utilization assistance provided"?

DPH Response:
There is not a "cost per enrollment" calculation made in scoring the budget. The score for the budget and justification should be based on whether they are accurate, well explained, and realistic in enabling the agency to achieve the goals it is proposing. Although "cost per enrollment" is not a factor in scoring proposals, the dollars allocated and the proposed number of clients assisted (i.e., enrolled and assisted with utilization and retention) may be considered by DPH during contract negotiations with selected agencies.

Question(s) from Proposers:
If there is a cost per enrollment that DPH uses in its predetermined and weighted criteria, what allowance is given to any agencies who provide, for example, health insurance to employee's families rather than just the employee, thus keeping family members enrolled and not dependent on county services?   Or who have strong retention within their own agency, ie. have staff who have stayed for several years and are good employees, but who make more salary than new hires?

DPH Response:
DPH understands the importance of retaining competent, trained staff and the value of seniority (i.e., experience), good salaries, and family health coverage. These factors should be explained in the budget narrative.

MEDICAL ADMINSITRATIVE ACTIVITIES (MAA)

Question(s) from Proposers:
What are "Medi-Cal Administrative Activities"?

DPH Response:
Medi-Cal Administrative Activities (MAA) are activities that can be claimed or matched with Federal funds for providing assistance with Medi-Cal services including enrollment services. The services to be provided by this State funding will not be eligible for MAA claiming.

BILATERAL SERVICE AGREEMENT

Question(s) from Proposers:
In regard to Attachment 5A, the Bilateral Service Agreement, it looks like a MOU (Memorandum of Understanding), do we use these for any agencies we may collaborate with, or only submit them if the agency is a sub-contractor?

DPH Response:
The Bilateral Service Agreements should be submitted for agencies that collaborate with the Proposer. Agencies proposing to work with Subcontractors must include a budget for their subcontractors, and must include numerical objectives on the SOW for the lead agencies and each subcontractor.

CHOI DATASYSTEM

DPH Note Regarding CHOI datasystem: All Proposers awarded funds as a result of this RFP will be required to enter directly into the CHOI data system. Each specific Scope of Work outlines the objectives that require data entry.

1) Question(s) from Proposers:
What data is available in CHOI? How do we use it for reports?

1) DPH Response:
All selected agencies not currently using the CHOI system or that will be hiring new staff will be provided detailed training on what the system collects and how to use the system and generate reports. The data collected and input into the system includes: all of the clients contact information and demographics (address, phone, age, sex, etc.) dates of contact, enrollment dates, programs, reasons for assistance (coded issues), etc. Each agency can then run reports to determine which families must be re-contacted to verify enrollment, determine if they have problems using their benefits, or if they

need help with renewal forms. Each agency will be required to run a monthly report directly off the system by simply entering the correct dates for each objective. Each agency will have a system administrator and will be able to run pre-prepared reports and has the ability download their own data from the system into Microsoft Access tables so they can analyze their data as they wish.

2) Question(s) from Proposers:
What will the County do to address any coordination efforts with the existing Database system? So that if agencies are funded they do not have to enter data into three different databases. Agencies currently funded do not want to enter the data multiple times into a database to fulfill similar objectives from the different contracts.

2) DPH Response:
The only database DPH requires its contractors to use is CHOI. Both State-funded and First 5 LA-funded contractors will use this database. DPH will continue to work on efforts to create an interface between One-e-App and CHOI data system so that agencies using One-e-App will not have to enter duplicate data.

3) Question(s) from Proposers:
The Children's Health Outreach Initiative proposal requires, on page 8 that contracting agencies enter data into the CHOI internet-based data tracking system. Does this include applicants in Category 3, Consumer Assistance?

3) DPH Response:
All applications that occur as a result of consumer assistance must be entered into the CHOI system. Issues to be resolved will be entered into the system as well. Additional consumer assistance objectives that cannot be captured using the CHOI system will be documented in monthly reports.

4) Question(s) from Proposers:
If the response to the above question is affirmative, if an applicant in Category 3 has a separate database with similar information as that contained in the CHOI data tracking system, could an applicant use funds from the proposed grant to create an interface between the CHOI database and the applicant's internal database?

4) DPH Response:
A database interface will not be possible with other existing systems. DPH has learned from experience that interfaces take a lot of programming time, extensive data testing, cause system downtime, and require modifications and further testing every time a change is made to the CHOI system.

5) Question(s) from Proposers:
If the response to the above question is affirmative, would consideration be given to the time it would take to create that interface, with interim data collection and reporting being done with the applicant's original database?

5) DPH Response:
Not applicable, since an interface will not be permitted. However, contractors may use their own systems for those objectives (e.g. consumer assistance vs. outreach and enrollment) not

6) Question(s) from Proposers:
Once One-e app is used routinely, will DPH still require a paper data copy as back up to the system? captured by the CHOI system.
6) DPH Response:
Once the One-e-App application submission system is successfully used, DPH will decide on the appropriate documentation to be kept on file for auditing purposes.

7) Question(s) from Proposers:
Will agencies be expected to submit data into the One-e app and CHOI data system separately? If so, how will DPH revise expected goals to account for the additional time needed by staff to perform two data entries as well as (possibly) maintain paper copies of data entered?

7) DPH Response:
The One-e-App programmers and DPH are currently working to develop an interface from One-e-App to the CHOI system so that agencies do not have to enter data twice, and are also working on interim solutions for agencies that begin using One-e-App before the interface has been completed. However, there will likely be a period of time when agencies are entering data into both systems, just as they are currently hand-writing the client's information on paper applications or entering the data into Health-e-App and reentering into CHOI.   Proposers can take this into account when developing their numerical targets, and should explain their target goal numbers and the work that will be required for each objective in the narrative.

PROPOSER'S DESCRIPTION/CAPABILITY

1) Question(s) from Proposers:
In section 2B Proposer's (pg.17) Description/Capability (Question: Please elaborate on this.)

1) DPH Response:
This section is one of four sections of the Proposal Narrative. It is intended to provide DPH with necessary information on the Proposer's nature of business, capacity and resources, and experience providing OEUR services.

2) Question(s) from Proposers:
Proposer's Description/Capability - #3 Experience: describe your access to and experience working with the target population: Literacy Levels (Question: Please elaborate on this.)

2) DPH Response:
Literacy levels refers to the reading levels of target populations and whether or not they are able to comprehend written documents such as enrollment applications, redetermination paperwork, etc.

LA OEUR PLAN

Question(s) from Proposers:
Regarding the LA OERU RFP Plan, what areas and service gaps are lacking in the plan?

DPH Response:
The plan that DPH submitted to the State for this funding included a broad range of strategies to increase enrollment, utilization and retention, and covers all areas of the County. If we discover that service gaps remain, the State allows counties to submit budget modifications to address areas of unmet need.

COMPREHENSIVE OEUR SERVICES

Question(s) from Proposers:
1) The OERU RFP primarily targets agencies that provide a comprehensive set of services. Some agencies that specialize in only outreach for example may decide not to apply for the grant. Will there be options to allow organization with specialized services to only conduct that one service?

1) DPH Response:
As stipulated by the State, the COEUR funds are intended to fund all outreach, enrollment., utilization and retention services as a comprehensive approach. All Proposers will be required to address each OEUR component. An agency providing specialized services may choose to subcontract with or serve as a subcontractor to another agency so that the full range of comprehensive services can be provided.

2) Question(s) from Proposers:
If the family is of "mixed-status," how do we address a comprehensive strategy under Community-based Outreach, Enrollment, Utilization and Retention Services?

2) DPH Response:
A comprehensive strategy implies providing assistance to all family members for all available low and no-cost health coverage programs and provide referrals and utilization and retention assistance as necessary.

Question(s) from Proposers:
Is there a possibility for the County to extend the time period to ask additional questions regarding the OERU RFP?

DPH Response:
DPH is on a tight timeline to begin Contractor services by February 1, 2007. In order to stay on track, we must continue with the current timeline. This target start date is pending Board of Supervisors' and State approval.

CHOI & COEUR FUNDS

1) Question(s) from Proposers:
How does the County plan to address the situation that current funding through (DPH & First 5) for OERU services will end during the new County OERU Grant time period? Agencies are very much concerned that if they receive the OERU Grant they will have to expand their programs to fulfill the two contracts. Agencies funded do not want to see a decrease in services and programs for the community during the third year of the contract.

1) DPH Response:
Although the Scope of Work for each of these two projects is very similar, the State OEUR and the First 5 LA grant funds must be viewed as two separate funding streams and agencies must plan accordingly. The grant funds for First 5 LA are currently slated to sunset in June 2008 but the possibility of an extension does exist. There is also the option to alter the services provided to the community with the State funding each fiscal year since new budgets are required to be submitted every year. Changes to SOW's that affect the agencies' numerical targets must be approved by the Board of Supervisors.

2) Question(s) from Proposers:
Should an agency with a current First Five outreach contract be awarded outreach funds from this current state contract, how will the two grants work together? Can an agency seek to have the staff positions work together, i.e by funding one data entry person to serve both grants?

2) DPH Response:
The services provided by each funding entity must be separate. Each contract will be audited separately. If an agency has a staff person conducting data entry for both grants, they must separate the staffs' time appropriately- for instance the same staff person could appear on the State OEUR grant as 50% and then 50% on the First 5LA grant (never exceeding 100%) given that this reflects their actual hours/services provided.

SCOPE OF WORK ACTIVITIES

1) Question(s) from Proposers:
For the SOW, do we fill in our numbers and submit with all of the text on the samples; or do we provide our own text as well?

1) DPH Response:
The SOW only requires numbers and percentages to be inserted (as indicated by ### with instructions to insert the number or percentage). Please note where the percentages are predetermined by DPH and cannot be altered. The body of the SOW is to remain as is.

2) Question(s) from Proposers:
Can you highlight any changes or differences between this Scope of Work and that of the First Five Outreach and Enrollment contractors?

2) DPH Response:
The COEUR SOW was developed based on outreach, enrollment, utilization and retention services currently provided by First 5 LA contractors; there are very few changes. The COEUR SOW includes clear instructions for monitoring and agency accountability, DPH determined percentages, and a newly added mandatory objective (Obj.3.2) required for utilization efforts at 4-6 months.

3) Question(s) from Proposers:
The first follow-up on clients enrolled is required to be within three months of application completion date only. By that time, it is possible that an enrolled child has been sent and has not returned important managed care enrollment information. Individual agencies are free to call earlier than three months, such as by two months, but might DPH consider combining the "confirmed enrollment" with the first follow up, so that assistance with managed care and other activities may take place and the follow up burden be lessened?

3) DPH Response:
The first follow-up and/or enrollment verification can be done at any time within three months- the CHOI data system report can be run for any time period. Once a Contractor has confirmed enrollment and documented in the CHOI data system, the verification requirement will be fulfilled. The next required follow-up comes at the 4-6 month period to offer utilization assistance. Agencies are free to conduct follow-up more often if they would like, as long as they fulfill the SOW follow-up objectives.

4) Question(s) from Proposers:
Referrals to health care programs are not "counted" in the same way as health care enrollments. But for some children, nothing else exists. Rather than penalize those agencies that seek to ensure that each member of the family has a source of health care or a medical home, or that work in areas with large numbers of undocumented children for whom there may not be health enrollment programs, shouldn't health care referrals for non-enrollment-eligible children, if not adults, be "counted" as are enrollments and separated from legal and other referrals?

4) DPH Response:
DPH understands that for many children and other family members, referrals are the only option (in addition to emergency Medi-Cal). Therefore, DPH has always expected contractors to provide referrals and they are counted; however, they are counted and reported separately from enrollments. However, the State RFP was very clear that this funding is for Medi-Cal-related OEUR services.

5) Question(s) from Proposers:
Does utilization assistance with clients who were assisted with enrollment only "count" toward utilization goals if it occurs at 4-6 months after enrollment? Is it possible that the data system might be tweaked to allow for (i.e. count towards goals) utilization assistance at any point after enrollment?

5) DPH Response:
Utilization assistance can occur at any time, and utilization codes are collected at any time in the data system. The second utilization objective (3.2) was developed to ensure client contact took place between the time of enrollment verification until redetermination assistance is offered at 11months. DPH will convene a COEUR data workgroup to discuss and finalize the dates to be used in calculating this utilization objective.

6) Question(s) from Proposers:

Objective 5.1 assumes that agencies follow clients for at least 14 months. Yet we know that many agencies that serve clients for many reasons still have these clients after several years. How does DPH allow for the cumulative effect of assisting with enrollments over time and developing a workload of cases that continue after 14 months? Is there a way to open a "continuing" client case or allow for this workload? We now have to re-enter as new applications those clients who came to us prior to the start of the grant, but who continuing coming to us with utilization or follow-up assistance.

6) DPH Response:

Continuing clients (past the original 11 months redetermination call) can be captured in the current CHOI system under the appropriate screens by adding an "Issue". This work will be captured in monthly reports within the date range of services provided. DPH is working to include the ability for agencies to re-contact "continuing clients" past the required 11-month redetermination contact for agencies who wish to do so. Issues such as this are routinely discussed at monthly contractor meetings.

7) Question(s) from Proposers:

The enrollment growth we've experienced in the past, largely due to Healthy Kids and Kaiser Kids, will not be true of our future numbers. Therefore, we would like to know if our efforts to enroll into Emergency Medi-Cal and CHDP would be counted as part of our enrollment numbers?

7) DPH Response:

Enrollment efforts for Emergency Med-Cal will be counted towards overall enrollment numbers while CHDP efforts will be identified as referrals.

8) Question(s) from Proposers:

Agencies work with different communities and populations. Will the County be flexible with their expectations and outcomes from agencies?

8) DPH Response:

Each proposal will be reviewed by an independent review panel on its own merits. Agencies serving hard-to-reach populations or populations with enrollment problems should explain this in their narrative and describe how the labor intensive work with the target population will affect their numerical targets.

EVALUATION PROCESS

Question(s) from Proposers:

What steps does DPH take so that members of the review panels, who are "county staff and community members with experience in Medi-Cal and Healthy Families programs," will not recognize the proposals submitted or have some ties to the agencies submitting proposals? Has this ever been problematic in the past? What can you tell us about how DPH attempts to be sure that the review panel is unbiased?

DPH Response:

All reviewers attend a training to explain the service objectives and the review standards and scoring. Every review panel member must sign a conflict of interest form that will invalidate their scores if they review a proposal from an agency with which they have ties. Past knowledge of the agency is not enough reason to eliminate this person from reviewing a proposal but all efforts are made to ensure that only information included in the proposal is used to determine scoring.